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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *PS*  
 This application is a CON of 10/012,920 10/30/2001 ABN  
 which claims benefit of 60/244,226 10/30/2000

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Name*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>PS</i> Initials	STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 4
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ADDRESS  
 24265  
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TITLE  
 Treatment methods

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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